



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to COUNTRY MEADOWS OF ALLENTOWN LLC
LEGAL ENTITY

To operate COUNTRY MEADOWS OF ALLENTOWN
NAME OF FACILITY OR AGENCY

Located at BUILDING 2, 420 NORTH KROCKS ROAD, ALLENTOWN, PA 18106
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 100
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 31, 2017 until August 31, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **226940**

Robert E. Robinson

ISSUING OFFICER

Jay Baul

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 - 5/17



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 28 2017

Mr. G. Michael Leader,
Manager, George M. Leader Family Corporation
Country Meadows of Allentown, LLC
830 Cherry Drive
Hershey, Pennsylvania 17033

RE: Country Meadows of Allentown, LLC
Building 2
420 Krocks Road
Allentown, Pennsylvania 18106
License #: 226940

Dear Mr. Leader:

As a result of the Department of Human Services' licensing inspection on June 7, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services provider application submission experience. To participate in the online applicant survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Application.

Mr. G. Michael Leader

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The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider applicant responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe". The signature is fluid and cursive, with the first letter of the first name being a large, stylized "J".

Jacqueline L. Rowe
Director

Enclosure
License

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

| | | |
|--|--|-----------------------|
| PCH Name: COUNTRY MEADOWS OF ALLENTOWN II | | License Number: 21807 |
| Address: 420 KROCKS ROAD, ALLENTOWN, PA 18106 | | County: Lehigh |
| Administrator: Anne Melick | | Region: NORTHEAST |
| Legal Entity Name: COUNTRY MEADOWS ASSOCIATES | | |
| Legal Entity Address: 830 CHERRY DRIVE, HERSHEY, PA 17033 | | |
| Certificate(s) of Occupancy | | |
| C-2 LP 06/07/2017 L&I | | |
| Staffing Hours | | |
| Resident Support: 0 | Total Daily Staff: 65 | Waking Staff: 49 |
| Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) | | |
| Renewal | | |
| On-Site Inspections Dates and Department Representatives On-Site | | |
| 06/07/2017: Novak, Ryan; Foulkes, Kimberli | | |
| Off-Site Inspection Dates and Inspectors, if Applicable | | |
| | | |
| Other Details | | |
| Partial or Full Triggers: | | Random Indicators: |
| Resident Demographic Data as of Inspection Dates | | |
| Licensed Capacity: 100 Number of Residents Served: 65 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 7 | Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 65 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0 | |

Violation Report: 21807 - 06/07/2017 - Novak, Ryan
 PCH Name: COUNTRY MEADOWS OF ALLENTOWN II

1. REGULATION 55 Pa. Code §2600
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 Resident #1 did not receive the prescribed elmiron 600mg on 6/2/17 at 12:30pm.
 Resident #2 did not receive the prescribed artificial tears on 6/2/17 at 12:30pm.
 The home did not submit an incident report to the Department regarding the medication errors.

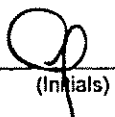
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.
 Residents #1 and #2 were out of the facility at the time the medications were to be administered on a trip which extended longer than anticipated. Their attending physicians were contacted about the missed medications and neither recommended any change to medication administration schedules. The Director of Wellness re-educated involved staff members about the need to report any medication omissions as medication errors, and reporting medication errors to the Department. (See attached) The Executive Director and Director of Wellness will monitor for ongoing compliance.

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| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
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Signature of Legal Entity Representative (Required on EVERY Page) *Elaine Bussoletti*

| | |
|--|-------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Elaine Bussoletti Vice President of Operations | Date July 6, 2017 |
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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|--|---|
| The above plan of correction is approved as of <u>7-31-17</u> (Date) | Plan of correction implementation status as of <u>7-31-17</u> (Date) |
| The above plan of correction was approved by  (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

Violation Report: 21807 - 06/07/2017 - Novak, Ryan
 PCH Name: COUNTRY MEADOWS OF ALLENTOWN II

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contract for Resident #3, dated [redacted] 16, was not signed by the resident until 9/30/16.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed

The contract for Resident #3 was signed by the POA on 9/8/2016; however, there was a lapse in time until the contract was signed by the resident on 9/30/2016. Marketing has been reeducated as to the requirements of having contracts signed no later than the date of move in (see attached). Ongoing compliance will be monitored by the Executive Director.

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Violation Report: 21807 - 06/07/2017 - Novak, Ryan
 PCH Name: COUNTRY MEADOWS OF ALLENTOWN II

1. REGULATION 55 Pa.Code §2600
 2600.29a(b)(4) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: During a fire drill, the one designated person at the home who has knowledge in advance of the fire drill is to immediately upon setting off the fire alarm to begin the fire drill, go to the room of the resident who meets the conditions of § 2600.29a(b)(1)-(3), and notify the affected resident and any staff person who attempts to evacuate the resident, that this is a fire drill and the resident is not to be evacuated.

2a. DESCRIPTION OF VIOLATION
 Resident #4 was not evacuated during the fire drill conducted on 3/16/17 at 4:00pm due to actively dying. Staff person A who was the person that was aware of the fire drill prior, did not go to Resident #4's room and notify the resident and any staff person who attempts to evacuate the resident, that this is a fire drill and the resident is not to be evacuated.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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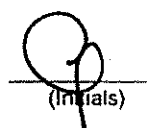
The staff did simulate the fire drill on 3/16/17. Staff person A was reeducated by the Country Meadows Manager for Risk and Safety 7/5/17 regarding the regulatory requirements relating to residents on hospice care during a fire drill (see attached.). The Executive Director will monitor to ensure ongoing compliance.

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Violation Report: 21807 - 06/07/2017 - Novak, Ryan
 PCH Name: COUNTRY MEADOWS OF ALLENTOWN II

1. REGULATION 55 Pa.Code §2600
 2600.29a(b)(10) - The resident's assessment and support plan are to be kept current and specify the requirements of this section as it relates to the specific resident.

2a. DESCRIPTION OF VIOLATION
 Resident #4's assessment and support plan dated 2/4/17 does not address the resident's exclusion from evacuation during fire drills due to status in an active dying process.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The assessment and support plan for Resident #4 did indicate the resident was receiving hospice services and that staff had been trained on how to evacuate properly in the event of an actual fire. For residents who are receiving hospice services, are actively dying and who should be excluded from being evacuated during fire drills, the Assistant Director of Wellness (ADOW) was reeducated by the Director of Wellness regarding the necessity of utilizing proper documentation on the support plan (see attached.) The Executive Director and Director of Wellness will monitor to ensure ongoing compliance.

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Violation Report: 21807 - 06/07/2017 - Novak, Ryan
 PCH Name: COUNTRY MEADOWS OF ALLENTOWN II

1. REGULATION 55 Pa.Code §2600
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
 The fire drill conducted on 3/16/17 notes 65 residents in the building at the time of the alarm and 65 residents evacuated. Resident #4 did not evacuated during the fire drill conducted on 3/16/16 at 4:00pm due to actively dying. The fire drill log was incorrectly documented.

The fire drill conducted on 2/24/17 notes 59 seconds for evacuation. The fire drill actually took 5 minutes and 9 seconds. The fire drill log was incorrectly documented.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

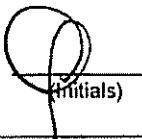
Staff Person A was reeducated by the Country Meadows Manager for Risk and Safety regarding required fire drill documentation with emphasis on actively dying residents and accuracy (see attached.) The Executive Director will monitor to ensure ongoing compliance.
 The fire drill dated 2/24/17 was documented with a typo which should have been 5 minutes & 9 seconds rather than 59 seconds.

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Violation Report: 21807 - 06/07/2017 - Novak, Ryan
 PCH Name: COUNTRY MEADOWS OF ALLENTOWN II

1. REGULATION 55 Pa.Code §2600
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 (1) The resident's name.
 (2) The name of the medication.
 (3) The date the prescription was issued.
 (4) The prescribed dosage and instructions for administration.
 (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #1's uribel capsule 118mg does not indicate the dose on the pharmacy label.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.


As medication only comes in one strength, the Pharmacy failed to indicate the dosage on the label. Resident's medication is now properly labeled. Medication associates and nurses were retrained by a qualified medication administration trainer to check medication labels to verify that the medication containers include the required information (see attached.)
 The Assistant Directors of Wellness (ADOWs) and the Administrator will monitor to ensure ongoing compliance.

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Violation Report: 21807 - 06/07/2017 - Novak, Ryan
 PCH Name: COUNTRY MEADOWS OF ALLENTOWN II

1. REGULATION 55 Pa.Code §2600
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION
 Resident #5's aspirin and melatonin did not have the residents name on the bottle.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

OTC medications for Resident #5, a new admission, were brought in by the family and did not contain the name of the resident. All OTC medications for Resident #5 are now identified with the resident's name. Medication Associates and nurses were reeducated by a qualified medication administration trainer on medication bottle requirements (see attached). The Director of Wellness (DOW) and ADOW will monitor to ensure ongoing compliance.

Administrator will oversee to ensure ongoing compliance. Q 7-31-17

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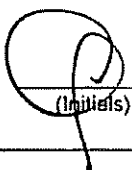
Signature of Legal Entity Representative (Required on EVERY Page) *Elaine Bussoletti*

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Violation Report: 21807 - 06/07/2017 - Novak, Ryan
 PCH Name: COUNTRY MEADOWS OF ALLENTOWN II

1. REGULATION 55 Pa.Code §2600
 2600.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

2a. DESCRIPTION OF VIOLATION
 Resident #6's MAR notes artificial tears twice daily and PRN every 6 hours. The label to the medication notes artificial tears twice daily.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

One medication label for Resident #6 did not include both orders for the same medication from the attending physician; i.e. pm and twice daily. Medications are now properly labeled. Medication associates and nurses were retrained by a qualified medication administration trainer on proper medication labeling (see attached.) The DOW and ADOWs will monitor to ensure ongoing compliance.

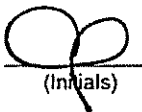
Administrator will oversee to ensure ongoing compliance. Q. 7-31-17

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| Violation Report: 21807 - 06/07/2017 - Novak, Ryan PCH Name: COUNTRY MEADOWS OF ALLENTOWN II | |
| 1. REGULATION 55 Pa.Code §2600 2600.187(d) - The home shall follow the directions of the prescriber. | |
| 2a. DESCRIPTION OF VIOLATION Resident #1 did not receive the prescribed elniron 600mg on 6/2/17 at 12:30pm. Resident #2 did not receive the prescribed artificial lears on 6/2/17 at 12:30pm. | |
| 3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i> Residents #1 and #2 were out of the facility at the time these medications were to be administered; the trip extended longer than anticipated. Neither attending physician recommended a change to the residents' medication schedules. The DOW reeducated the involved staff members about proper medication error reporting requirements (see attached). The Executive Director and DOW will monitor to ensure ongoing compliance. | |
| Repeat Violation: No | Date(s) of Previous Violation(s): |
| Signature of Legal Entity Representative (Required on EVERY Page) <i>Elaine Bussolletti</i> | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Elaine Bussolletti Vice President of Operations | Date July 6, 2017 |
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Violation Report: 21807 - 06/07/2017 - Novak, Ryan
 PCH Name: COUNTRY MEADOWS OF ALLENTOWN II

1. REGULATION 55 Pa.Code §2600
 2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION
 Resident #3's Medical Evaluation dated 9/14/16, had the use of white out in section (9) Health status-cognitive functioning. The entry was not permanent.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.


The DOW reeducated licensed staff regarding the proper procedures for making resident record entries and that white out may never be utilized (see attached.) The Executive Director and DOW will monitor for ongoing compliance.

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Signature of Legal Entity Representative *Elaine Bussoletti*
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